

## Clinical Pharmacists and Patient Care

TO THE EDITOR: Concerns for the future development and promotion of the rational use of therapeutic agents have been raised as the impact of the current and projected shortage of clinical pharmacologists and trends in the medical school curriculum were recently assessed.<sup>1-3</sup> Since it appears unlikely that the need for physician specialists with interest and expertise in the clinical investigation of drugs, adverse drug reaction surveillance, drug information analysis and the teaching of the principles of rational drug therapy can be met in the near future, it has been suggested that a clinical pharmacist perhaps can effectively provide the expertise and involvement in many of these areas.<sup>4</sup> The evolution of pharmacy education from a predominantly physical science and product-oriented curriculum toward clinical pharmacy,<sup>5</sup> with emphasis on the application of drug therapy knowledge, has significant implications for broadening the scope of pharmacy practice in the future. There is now emerging a new generation of clinically trained pharmacists capable of assuming more responsible and decisive roles as drug therapy specialists and able to transform their knowledge of therapeutics into significant contributions which directly influence patient care.<sup>6</sup>

Recently at the San Francisco General Hospital's Alcohol and Drug Detoxification Units, collaborative efforts were initiated by practitioners of medicine and pharmacy to explore and deal with the complex and formidable problems associated with the task of providing optimal drug utilization and therapeutic practice. To date the results have been most encouraging and productive as a clinical pharmacologist, pharmacist, neurologist, rheumatologist, residents, interns, medical and pharmacy students participate together in a variety of patient care, teaching and research activities. There are compelling reasons<sup>7</sup> why it would be extremely desirable that a pharmacist knowledgeable in the pharmacology, pharmacokinetic and biopharmaceutic properties of drugs and their clinical use be included in collaborative efforts with pharmacologists and physicians to promote the safe and rational use of drugs. It has been suggested that the expansion of the pharmacist's role beyond those associated with distributive functions to include activities such as providing primary or chronic health care maintenance is in the interest of meeting the demands of our health care delivery system for more

effective use of professional resources. With clinical pharmacologists and physicians, the clinical pharmacist can effectively broaden the scope of efforts to promote rational drug therapy practice beyond the academic and research center into the community where the need for more efficient utilization of drug therapy is most immediate and critical.

As new directions are being charted in the health professions to meet the demands of our health care delivery system, more functional and realistic definitions of individual responsibilities and roles involving patient care will need to be considered by practitioners of medicine and pharmacy. Whether these newly defined responsibilities and roles are successfully implemented will depend upon the willingness of pharmacologists, physicians and pharmacists to work together on their development now.

THEODORE G. TONG, PHARM D  
CHARLES E. BECKER, MD  
*San Francisco*

### REFERENCES

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## Dextroamphetamine Therapy in Hyperactive Children

TO THE EDITOR: As the authors pointed out in the summary of their article [Greenberg LM, McMahon SA, Deem SA: Side effects of dextroamphetamine therapy in hyperactive children. *West J Med* 120:105-109, Feb 1974], there is indeed a profound influence upon personality organization which the dextroamphetamines may produce. Perhaps the point should have been made a little more strongly, however, that merely because a child is "hyperactive," this, per se, is no indication for the use of stimulant medication and in the cases in which they reported undesirable side effects, clinically it would appear that perhaps these were not the best candidates to have begun on stimulant therapy.

Perhaps of even more importance, however, it